

## OFFICE OF NAVAL RESEARCH NAVY TRADEMARK AND LICENSING PROGRAM OFFICE



## **Crafter Licensee Application**

Please provide all information requested. Attach additional sheets if necessary. Once completed, please submit together with a sample of the proposed product to Navy Trademark Licensing Office, 875 North Randolph Street, Suite W515, Arlington, VA 22203. You can check on the status of your application by emailing us at onr\_tmlicense@navy.mil or by calling (703) 696-4002. Please provide photographs and/or a sample of the product(s) in respect of which you seek a license

Crafter's Name:			
Business Name:			
Physical Address: (stre	eet)		
City	State	Zip / Postal Code	Country
Telephone:		Alternate phone: _	
Website:			
Mailing Address: (stree	et)		
City	State	Zip / Postal Cod	le Country
Primary Contact:		Tele	ephone:
Cel:	E-mail:		
Description of product:			
Where do you plan to	sell the product? (c	craft shows, person-to-	person, craft marketplace)
•			intend to sell the licensed
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Will the product be pro	duced at home? [	☐ Yes ☐ No.	

If No, please state where the product will be made and by whom (NO COMMERCIAL
MANUFACTURER IS AUTHORIZED)
What is the approximate cost of production?
Where are you obtaining your raw materials from?
<del>,                                      </del>
Where are you purchasing your blanks from)
What is the intended retail price?
How many items do you expect to sell in one year?
Please feel free to provide any other information that you think is relevant to your license
application